File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

RECEIVED

OCT 2 0 2008

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organ	nization)				
Fjelstad For Auditor	•		FORM	-	
IMPORTANT: Indicate by # type of committee you are reporting for: 5 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue			DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Only Comm. #		
CANDIDATE COMMITTEES ONLY:					
Candidate Name	Political Party (if applicable)				
Jennifer Fjelstad	Democratic				
Office Sought Winnebago County Auditor	District (if Senate or House)		Audited		
Late reports are subject to possible civil and criminal penalties. Pure	suant to lowa Code sections 68B.32/ しょり - ちゅっしっしり TELEPHONE		58A.401(3), the cal		
AM FILING A October 20, 2008	REPORT FOR (1) ELECTION	/(2)NON	I-ELECTION YEA	NR.	
(report date)	Indicate by				
CHECK IF AMENDMENT TO REPORT DATED		Local Co	mmittees, enter Dat	e of Election	
☐ Check If this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)		which Ele	nty & Local Committees, enter County in th Election is held innebago		
STATEMENT OF CASH ON HAND					
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the ca of the last reporting period or must be zero if this is firs	ish on hand at the end	\$	0.00		
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FOR	INSTRI	ICTIONS	SEE BACK	OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization) Fjelstad For Auditor		SCHEDULE E (Rev. 06/97)	IN-KIND
Tyelstad For Maditor	Reset Form		K THIS BOX IF DING FORM

DATE		DELATIONOUS	050001071011		
RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR
(MM/DD/YR)	OF CONTRIBUTOR	* (if applicable)	CONTRIBUTION	VALUE	FUND-RAISER CONTRIBUTION
05/19/2008	Jennifer Fjelstad 19960B 500th St. Scarville, IA 504573	Self	Ad	\$ 77.00	
06/24/2008	Jennifer Fjelstad 19960B 500th St. Scarville, IA 504573	Self	Ad	51.50	
06/24/2008	Jennifer Fjelstad 19960B 500th St. Scarville, IA 504573	Self	Ad	31.36	
07/01/2008	Jennifer Fjelstad 19960B 500th St. Scarville, IA 504573	Self	Ad	18.00	
07/01/2008	Jennifer Fjelstad 19960B 500th St. Scarville, IA 504573	Self	Parade Candy	80.00	
			SUB-TOTAL	\$ 267.86	
			257.86		
TOTAL (if last			\$		
page of this					
			schedule)		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)